

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Jan 29 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000045199 (1)

1. Corporation Name

BENEFIT MANAGEMENT GROUP, INC.

Principal Place of Business

505 SOUTH FLAGLER DRIVE
SUITE 1100
WEST PALM BEACH FL 33401

Mailing Address

505 SOUTH FLAGLER DRIVE
SUITE 1100
WEST PALM BEACH FL 33401

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/14/1997

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

g. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HENRY, THORNTON M
505 SOUTH FLAGLER DRIVE
SUITE 1100
WEST PALM BEACH FL 33401

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P, S, D ☐ DELETE

NAME Kenneth M. Evelyn
STREET ADDRESS 301 Clematis Street, Suite 204
CITY-ST-ZIP West Palm Beach, FL 33401

1.1 TITLE 3rd VP ☐ Change ☐ Addition

1.2 NAME Dennis Goldstein
1.3 STREET ADDRESS 301 Clematis Street, Suite 204
1.4 CITY-ST-ZIP West Palm Beach, FL 33401

TITLE VP, D ☐ DELETE

NAME Scott Edward Evelyn
STREET ADDRESS 301 Clematis Street, Suite 204
CITY-ST-ZIP West Palm Beach, FL 33401

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE T ☐ DELETE

NAME Sheila Evelyn
STREET ADDRESS 301 Clematis Street, Suite 204
CITY-ST-ZIP West Palm Beach, FL 33401

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D ☐ DELETE

NAME Kevin Hickey
STREET ADDRESS 301 Clematis Street, Suite 204
CITY-ST-ZIP West Palm Beach, FL 33401

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D ☐ DELETE

NAME William Rasmussen
STREET ADDRESS 301 Clematis Street, Suite 204
CITY-ST-ZIP West Palm Beach, FL 33401

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE 2nd VP ☐ DELETE

NAME David Salter
STREET ADDRESS 301 Clematis Street, Suite 204
CITY-ST-ZIP West Palm Beach, FL 33401

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

[Signature]

1/20/98 5618332020

CR2E034 (10/97)